

SHARON SANATORIUM No. 37

THE SHARON SANATORIUM

FIFTY-FIRST
ANNUAL REPORT
1941



The Sharon Sanatorium

ANNUAL REPORT

1941



VIEW OF MAIN BUILDING

THE SHARON SANATORIUM

SHARON, MASSACHUSETTS

The Corporation and Board

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MRS. CHARLES ALLEN PORTER, *Secretary*

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614 Sears Building, Boston

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Medical Director

JOHN P. HUBBARD, M.D.

Assistant Medical Director

WALTER A. GRIFFIN, M.D.

Superintendent

ISABELLE M. JORDAN, R.N.

Medical Advisory Committee

T. DUCKETT JONES, M.D.

GEORGE R. MINOT, M.D.

RICHARD M. SMITH, M.D.

PAUL D. WHITE, M.D.



BUT HOW LONG MUST THEY BE GROUNDED?

Nine hundred children in Boston are stricken every year with rheumatic fever . . . a disease more devastating for young people under twenty than scarlet fever, whooping cough, measles, meningitis, diphtheria, and infantile paralysis *combined*.

Grounded or worse . . . many of these 900 children may be expected to be permanently crippled, 400 left with heart disease, and 200 dead within ten years.

"Health for Defense" is today's slogan. Yet in Massachusetts, where there are more than 4,000 beds for the care of tuberculosis, there are only 200 for rheumatic fever.

Of the 200 beds, 20 per cent are at The Sharon Sanatorium in Sharon, nineteen miles from Boston, where a pioneer experiment in open-air treatment has been carried on for three years. As a result of the Sharon experiment,* rheumatic fever specialists now have reason to hope that with sufficient beds and adequate funds, the disease can be controlled.

You can do *your* part in defending the health of your community. Help these grounded children to regain their wings!

* Copies of the full report on the Sharon Sanatorium treatment, as published in The N. E. Journal of Medicine, may be obtained by writing to The Sharon Sanatorium, Sharon, Massachusetts.

DIRECTORS' REPORT

(FIFTY-FIRST ANNUAL REPORT)

The Sharon Sanatorium has always been a pioneer institution. It is today still a pioneer institution.

The experience of the two preceding years with open air treatment of rheumatic fever had been so successful that the Board of Directors after long and careful consideration of the problems involved made the decision to use all the facilities of the sanatorium for the study and care of children suffering from this disease. Up till now the Children's Pavilion had been our experimental station. It could only house twenty children, a number too small for scientific purposes. The pavilion itself, while adequate, lacked certain features necessary for hospitalization, in accordance with modern conceptions.

Mr. Joseph D. Leland, architect, was commissioned to draw up plans for a new unit. It would have cost in the neighborhood of \$65,000. About this time it became obvious that the United States would be heavily involved in the Defense Program, that money would be difficult to raise from private sources and that priorities would probably prevent our obtaining materials. The Board of Directors, therefore, decided not to attempt to raise money for the new unit, but to remodel the old building. Accordingly the necessary arrangements were made in order that the work might begin in the spring. The estimated cost was \$40,000. By good fortune shortly afterwards The Sharon Sanatorium received two bequests, one for \$15,000 from Mrs. Gilman Prichard, and one for \$25,000 from Mrs. Lester Leland. The cost of remodeling, therefore, has been given us. Mr. Leland and his colleague Mr. Hibbard spent much time and effort on this project and collaborated with Dr. Hubbard and Dr. Griffin in embodying the newest ideas in their designs. The building was not only

completed on schedule in spite of the difficulties connected with present industrial conditions, but at a cost below the estimates.

The Board of Directors also decided to re-landscape the grounds, both for utilitarian and artistic considerations. Miss Isabel DeC. Porter, L.A., was commissioned to make the necessary plans and direct the work. The land around the main building and the pavilion has been replanted, and the avenues and parking space rearranged. Flowering shrubs have been chosen and bird feeding boxes have been set up, so that the children, while in bed, might have the cheerfulness and interest that comes from birds and blossoms.

In addition to changing over the building and equipment, the staff has been reorganized in order to have in direct charge those who have been trained specifically in the care of rheumatic fever. Dr. John P. Hubbard of the Children's Hospital, who has been in charge of the experimental unit at Sharon, was appointed Medical Director. Dr. Walter A. Griffin very kindly agreed to remain as associate director. This is of great assistance to us as he knows so thoroughly the problems of sanatorial care. Dr. Ralph A. Ross of the Children's Hospital was appointed assistant to Dr. Hubbard. Miss Isabelle M. Jordan of the Children's Hospital was appointed superintendent. We are extremely fortunate in having such an able and enthusiastic group of executives to take the responsibility. In addition we have on the staff specially trained nurses, and assistants trained in occupational therapy, laboratory technique and teaching. An important part of our task is the collection of scientific data for the use of the medical profession as well as for ourselves.

A medical advisory committee was also appointed of leading physicians who have made a particular study of different phases of this disease. This Committee consisted

of: Dr. Kenneth D. Blackfan, Professor of Pediatrics at Harvard Medical School; Dr. T. Duckett Jones, Director in Research at the House of the Good Samaritan; Dr. George R. Minot, Professor of Medicine at Harvard Medical School; Dr. Richard M. Smith, Assistant Professor in Pediatrics at Harvard Medical School; and Dr. Paul D. White, Lecturer in Medicine at Harvard Medical School.

To the deep regret of the Board of Directors, Dr. Blackfan died in November, 1941. He took a vital interest in our work and it was in a large measure due to his support that we were encouraged to continue this experiment. An able, experienced scientist and administrator, his death leaves a gap in the medical profession, which cannot easily be filled.

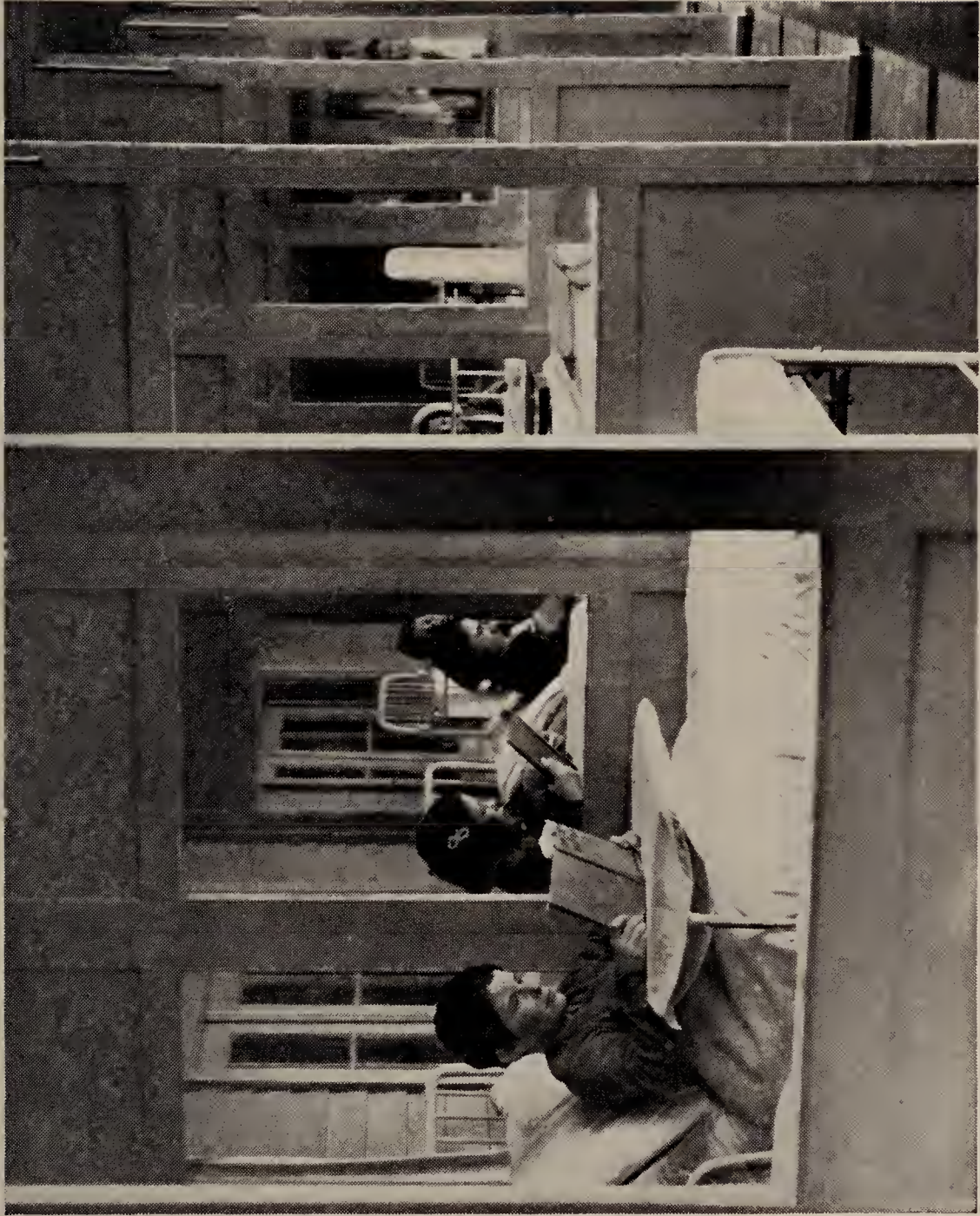
To sum up the past twelve months, The Sharon Sanatorium is now a well-rounded institution for the study and care of rheumatic fever patients. The buildings have been completely remodelled and re-equipped, the staff is composed of specialists and has an advisory committee of leading research authorities. The Directors wish to express their gratitude to Dr. T. Duckett Jones, who not only has given us his valuable counsel but has enabled us to use the laboratory facilities of the House of the Good Samaritan without which it would be difficult to carry on our research work. The Directors would also like to express their gratitude to the Children's Mission to Children, who have made it financially possible to carry on the treatment, by sending to the Sanatorium children for whom they are responsible and also by assisting us in the social work connected with the families of the children.

What with the aid of the Mission and our own Endowment Funds we have been financially able, up to the present time, to carry on this pioneer work. Last year on account of its being necessary to close the Sanatorium in order to make the structural changes, there was a deficit.

The new unit will house twenty children, the Children's Pavilion another twenty. We shall, therefore, be at a considerably greater expense during the coming year, since the children are unable to pay for their treatment. Funds will have to come from other sources.

Rheumatic fever is accepted as one of the great scourges of modern life. It not only kills but it cripples permanently. Statistics have been collected which show that of 100 children with rheumatic fever 40 will be left with heart disease, 20 will die within ten years, and many will be permanently crippled. The disease was considered incurable. Today the medical profession rejects that dictum and is making a bold attack on it. We at Sharon do not claim to have the final solution, but we do claim that over a period of three years our treatment has been far more successful than any other known method and we claim further that if this experiment continues to prove successful, the open-air treatment can be used in sanatoria throughout the country. The children get well at Sharon.

MORTON P. PRINCE,
President.



OPEN AIR CUBICLES

REPORT OF THE MEDICAL DIRECTOR

To make a medical report for the past year is to give a review of events, of which the Board of Directors may be justly proud. I believe, with all sincerity, that we may in the future look back on the year, 1941, as a milestone, marking not only a turning point in the activities of The Sharon Sanatorium, but also a significant advance in the care of rheumatic fever. If we look back on the past we can see such a milestone fifty years ago in the treatment of tuberculosis. This milestone of the past now stands as a monument to the vision of those who believed that control of tuberculosis should and could evolve from the development of sanatorial care. Today the existence of State Sanatoria throughout the country is witness to the soundness of that reasoning. Now, the purpose for which The Sharon Sanatorium was founded having been largely accomplished, the Directors have had the courage to leave the comfort of the well-established and to embark upon another pioneer venture. If this venture succeeds, and we have reason to believe it will, the Sanatorium may take credit for having made a contribution to the control of another public enemy, for in the sense that tuberculosis was public enemy No. 1 of fifty years ago, rheumatic fever is public enemy No. 1 of the present day.

You have heard in previous reports of the earlier beginnings in the small-unit, open-air sanatorial care for rheumatic children which, having been tried nowhere else in the country, started at Sharon in the fall of 1938. You are familiar too with the results which have been so convincing to all those who have come in contact with the work. We may happily report that the experience of the past year has continued successful. As has been previously pointed out, the essential feature of this type of care has

been to keep the children free of colds and sore throats and free of rheumatic recurrences which so often are precipitated by such infections. The group, as a whole, has continued to have a very gratifying record. We should not expect to maintain complete freedom from colds in a group of children the make-up of which changes during the year as a result of new admission and which is subject to the hazard of visits from parents. Only disappointment would result from hoping for the impossible. What we have claimed is to care for these children in an environment which produces better results than have been reported elsewhere. In this we continue to be successful.

With the experience of three winters in the background, your directors voted to close the doors to tuberculosis as of May 1, 1941, and to enlarge the work for rheumatic fever. In planning for the increase in bed capacity for children, I have insisted that we should preserve those features which we believe have contributed to the success of this type of care. This has meant provision for open-air care for all children day and night. It has meant also preserving the principle of small isolated units, so that now we have two groups of twenty rather than one group of forty. This is considered important in order to reduce, to a minimum, contact with personnel and outside visitors, each one of whom increases the risk of introducing respiratory infection. Furthermore, we have developed the reconditioned main building according to the specific needs of the type of care involved. The children's porch is equipped with glass partitions allowing for the isolation of newly admitted children and those who are found to have streptococci in their throats. A room for X-ray and fluoroscopy is now in working order. A dental room is in use for the care and repair of the children's teeth, an item often neglected in dealing with rheumatic fever. A room is pro-

vided which can be developed into an emergency operating room. A laboratory has been provided for clinical and bacteriological study.

I should like to describe in some detail the function of this laboratory. The statement has been repeatedly made to me by your directors, that we should not allow ourselves to be content with running just another convalescent home for children who haven't any other place to go. Rather we should attempt to establish a research centre equipped to study this type of sanatorial care for the rheumatic child. I am in complete agreement with this attitude. We are starting something new, it will undoubtedly be copied elsewhere. We must accept therefore the responsibility of indicating a way to be followed and we must be very sure we are pointing in the right direction. This requires careful laboratory examination of each step as we go. This is important, but a laboratory cannot be run without cost to the Sanatorium. I have estimated that the research program will add between \$3,000 and \$4,000 to the running expenses.

The study program itself has been drawn up with the primary purpose of following closely the behavior of hemolytic streptococci during the course of rheumatic fever in the small group, open-air type of sanatorial care. All children in both groups at the Sanatorium will have their throats cultured on admission and weekly or bi-weekly thereafter. Streptococci isolated from these cultures will be grouped and typed. Antistreptolysin titres will be determined from blood taken on admission and at intervals of about three weeks thereafter. These will be correlated with the cultural results.

Since the bacterial contamination of the air, or rather its relative freedom from contamination, appears to be a significant factor of the open-air type of care, a study along

this line will be continued. This was begun two years ago and showed very encouraging results.

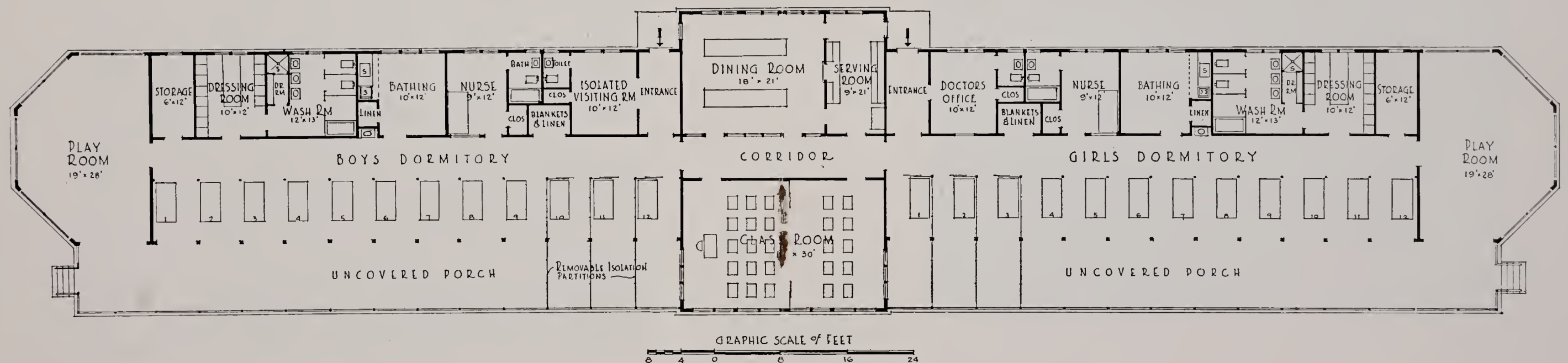
On discharge from the Sanatorium all children will be followed at the Children's Hospital or the clinic from which they came. It is our hope to continue the streptococcus study on those children who return to the rheumatic fever clinic of the Children's Hospital. How much of this will be possible will depend upon the load of bacteriological work at the Sanatorium. If the incidence of streptococci at the Sanatorium is low, as we hope, then it should be possible to follow the throat cultures and anti-streptolysin titres of the children during the critical period after they return to their own homes.

I should like to say a word about the adequacy of medical supervision of the children. Since we have been accepting patients with active infection, often with severe rheumatic fever and heart disease, it is obvious that this is of fundamental importance. When a doctor is hearing about or seeing the Sanatorium for the first time, one of his first questions is whether we have a resident doctor. Our responsibility in this has been divided in a three-fold manner. I visit the Sanatorium usually two or three times a week. Also, we have been fortunate in securing the help of Dr. Ralph A. Ross, who has been added to the Staff as Assistant Physician. He not only helps in the medical supervision of the children while at the Sanatorium but also in their follow-up care in the rheumatic fever clinic at the Children's Hospital. But the doctor who more than any other is shouldering the responsibility of the resident physician is Dr. Griffin who sees all the children daily and is immediately on hand for any emergency that may arise. I wish to take this opportunity to pay tribute to the manner in which Dr. Griffin has taken up the problem of rheumatic fever and to the contribution which, by virtue of his

THE PROPOSED NEW UNIT



CHILDREN'S PAVILION FOR THE HOSPITALIZATION OF RHEUMATIC FEVER PATIENTS



THE SHARON SANATORIUM
Sharon, Mass.

LELAND and LARSEN, Architects & Engineers
814 Statler Building, Boston, Mass.

years of experience, he has already made to the sanatorial care of this disease.

This venture started in co-operation with The Children's Mission to Children which has been one of the first social agencies in Boston to recognize the problem of rheumatic fever in the community. The relationship between The Sharon Sanatorium and The Children's Mission to Children remains as before. The Mission is continuing to place a maximum of twenty children at the Sanatorium contributing \$10.00 a week each for their care. This is to be compared with an estimated cost of \$21.00 a week, or a daily per capita cost of \$3.00. The twenty children not placed by the Children's Mission will come from other sources, most of them directly from the Children's Hospital. The parents of these children will be asked to contribute what they can, but since rheumatic fever is a disease widespread primarily among the poor, we cannot expect to obtain any appreciable support from this latter source.

The Sanatorium staff is well aware that we face a large deficit for the coming year. Earnest attempts are being made to economize in the small items as well as the large. We do not, however, intend to economize to the extent of curtailing the proper medical care of the children or to the point where the work, in any of its aspects, can be considered second rate. We are confident that if during these trial years we do the work thoroughly and establish its value on sound scientific facts, ways will be found to support it.

Respectfully submitted,

JOHN P. HUBBARD, M.D.,
Medical Director.



CONVALESCENT

REPORT OF THE SUPERINTENDENT

Henceforth the Sanatorium will devote its entire efforts to the care of children suffering from rheumatic fever. For the past three winters this work has been carried on successfully in the Children's Pavilion under many physical handicaps. It is a pleasure to report that some of the handicaps, such as giving nursing care to patients in low beds, carrying trays of food up and down stairs, lack of cubicle curtains to assure patients privacy and inadequate sterilization of dishes following meals have been removed in the recently renovated ward in the new building.

On October 22, 1941, one half of the patients in the Children's Pavilion were transferred to the new ward. This group is increasing in number gradually. The increase will, of necessity, be slow, however, because only those patients will be selected for admission from the acute hospitals and private sources, who will benefit most from the open-air treatment.

New patients are admitted to the unit in the main building. As the patients recover sufficiently to resume their activities they are transferred to the Children's Pavilion. In this way the facilities of both buildings will be more adequately used, the main building giving the care to patients in bed, while the Children's Pavilion provides the school-room, dining room, playroom and playground, all of which can be used by the patient who is up and about.

The following statistics relate to the census of rheumatic fever children only:

Number admitted Oct. 4, 1938-Dec. 1, 1941	75
Number admitted during Dec. 1, 1940-Dec. 1, 1941	27
Number discharged during Dec. 1, 1940-Dec. 1, 1941	17
Total hospital days Dec. 1, 1940-Dec. 1, 1941	6882
Average daily census Dec. 1, 1940-Dec. 1, 1941	18.8 pts
Average stay per patient	7 months 2 days

The nursing staff consists of three graduate nurses, all of whom have had special work with children, three trained attendants and three ward helpers. Miss Florence Mayall, an attendant, who has been at the Sanatorium many years, is deserving of a great deal of credit for her efforts and interest with the rheumatic fever patients during the past three winters.

In addition there is a graduate dietitian, two full-time school teachers assisted by a volunteer, a graduate, registered occupational therapist, assisted by two volunteers, who are all sharing in the daily program of care for the patients. At this point, it is interesting to record that all former employees, except Miss Mabel Clark, and the attendants who cared for the tuberculosis patients are a part of the present Sanatorium staff. Miss Clark, after nearly thirty years of faithful service to the Sanatorium, continues to be secretary in Dr. Griffin's downtown office.

The care of children, in contrast to the care of adults varies considerably, in the amount to be done for the individual patient, because the children assume so little of the responsibility for their own care. There is an additional factor which is not present in the care of adults, namely that every experience constitutes a learning experience for the child. It is through the contact with things about him, that the child grows, and with children, whose approximate stay in an institution, such as the Sanatorium, is seven months or more, this experience cannot be separated from their previous or future life, but instead must be continuous with it. We are attempting to consider, therefore, not only the medical needs of the patients, but also their needs for physical growth, education, religion, play and social habits, so that these children will be able to return to their respective homes better able to resist

infection and able to take their place in the community as good citizens.

The main work of reconstruction is over, but as is often the case, there are details which are apparent only to those working in a unit. Some of these are the need for an individual bedside lighting system, so that the children can do their school work without eye strain, some system of calling the nurse, especially at night, and some protection for the children's eyes from the glare of the sun. These matters are being attended to now. A special effort is being made to give the children an adequate diet of wholesome, nutritious food and to build up in them good food habits and an appetite for those foods which can be supplied by their families easily on their return home.

In times such as these, with the rapidly rising food costs every effort is being made to buy effectively.

Further efforts towards savings are being made by:

- (1) Setting up the books so that costs of each department or activity can be determined from time to time.
- (2) Centralizing all supplies.
- (3) Organization of duties, responsibilities and authority.
- (4) Studying the maintenance problem.

If successful, we should realize an effective reduction in costs.

It is only by seeing the work that one can realize its effects.

The Sanatorium Staff appreciates all that the Board of Directors has done and is doing to make this new enterprise successful. We welcome visitors at any time

for we are proud of the new ward and the work we are doing.

We are grateful, indeed, for the generous gifts of material for the occupational therapy department, which are being sent to us by local residents in Sharon.

Respectfully submitted,

ISABELLE M. JORDAN, R.N.,
Superintendent.



HAPPY!

BENEFICENCE THAT CONTINUES

Some benevolent persons are privileged to give very substantial sums, while living, to further the general or specific purposes of a cause in which they are interested. In doing so, they have the satisfaction of knowing that the beneficiaries of that institution are daily and hourly blessed—through their liberality. They can also witness its growth in usefulness and its widening influence. A number of Sharon's friends are having that pleasure.

Gratitude prompts us to also acknowledge the inestimable kindness of Sharon's friends who have left it legacies, whether the sums so bequeathed were small or large. This fine support has been a sustaining source of rare value.

Form of Bequest to The Sharon Sanatorium

I give and bequeath to The Sharon Sanatorium now located in Sharon, Massachusetts, the sum of dollars, to be applied to the general uses and purposes of the said Sanatorium.

Gifts and communications concerning gifts and bequests should be addressed to Raymond Emerson, Treasurer, 614 Sears Building, Boston.



HELPFUL!

TREASURER'S REPORT

FOR THE YEAR ENDING NOVEMBER 30, 1941

Comparative Income Statement for the year
ending November 30

	1941	1940	1939
RECEIPTS			
Donations	* \$5,857.50	\$6,019.00	† \$6,878.19
Income from Investments	15,301.59	16,019.27	15,864.65
Patients	15,297.29	21,555.33	22,572.93
Permanent Charity Fund	1,100.00	1,100.00	1,100.00
Sundries	83.43	333.59	337.64
Deficit, charged to Special Reserve Fund	11,137.77	2,570.53	143.97
	<u>\$48,777.58</u>	<u>\$47,597.72</u>	<u>\$46,897.38</u>
PAYMENTS AT SANATORIUM			
Electricity	\$1,132.63	\$1,055.10	\$1,068.82
Farm	2,245.77	2,344.58	2,864.82
Food	9,683.97	11,428.54	9,577.63
Fuel	3,994.21	2,814.86	3,277.97
Furnishings	881.03	970.92	635.90
Household Supplies	653.48	727.11	595.83
Laundry	1,426.05	1,315.22	1,252.01
Medical Supplies	420.30	319.17	366.01
New Construction	0.00	0.00	34.20
Nurses	3,711.34	4,424.26	4,453.65
Office	888.75	725.63	743.43
Repairs	2,314.39	1,539.97	3,136.56
School	1,914.92	1,578.35	1,541.44
Sundries	101.79	58.30	53.46
Telephone	235.15	191.50	179.25
Transportation	761.36	385.75	493.47
Wages	10,957.80	10,725.80	10,149.65
Water and Ice	99.50	93.71	78.26
X-Ray	154.21	1,008.84	183.05
	<u>\$41,576.65</u>	<u>\$41,707.61</u>	<u>\$40,685.41</u>
PAYMENTS BY TREASURER			
Advertising	\$28.00	\$28.00	\$28.00
Insurance	1,087.95	1,147.21	1,385.07
Investment Management Fee	764.77	796.42	796.67
Publicity	2,556.57	1,857.85	1,904.29
Salaries	2,400.00	1,800.00	1,800.00
Sundries	363.64	260.63	297.94
	<u>\$48,777.58</u>	<u>\$47,597.72</u>	<u>\$46,897.38</u>
Balance of Capital, December 1, 1940		\$3,354.06	
Bequest u/w Ella A. Clark		3,000.00	
Bequest u/w Clara H. Briggs		3,000.00	
Bequest u/w William G. Mosely		24.00	
Sale of Securities		79,538.26	
			<u>\$88,916.32</u>
Purchase of Securities		\$30,938.59	
New Construction		39,208.76	
Transferred to Income from Special Reserve Fund		11,137.77	
			<u>81,285.12</u>
Balance of Capital, December 1, 1941			<u>\$7,631.20</u>

* Includes contributions to Building Fund of \$1,569.00.

† Includes contributions to Pine Tree Fund of \$574.50.

The Treasurer's Account was audited by Charles F. Rittenhouse & Co., Certified Public Accountants, and found correct.

TRIAL BALANCE

November 30, 1941

40 shares Albany & Susquehanna R.R. Co., \$10.50 Gtd.	\$8,320.00
45 shares American District Telegraph Co. 5% Cum. Pref.	5,168.02
125 shares American Tel. & Tel. Co.	18,136.45
100 shares Bankers Trust Co., New York	7,087.50
200 shares Beneficial Industrial Loan Corp., \$2.50 Cum. Pfd.	10,463.00
100 shares Carolina, Clinchfield & Ohio Ry., 5% Gtd., Common	8,992.50
50 shares Cincinnati Gas & Electric Co. 5% Cum. Pfd.	4,869.00
85 shares Columbus & Southern Ohio Electric Co., 6% Cum. Pfd.	9,342.50
200 shares Commonwealth Edison Co.	6,216.20
35 shares Consol. Gas, Elec. Light & Power Co. of Balt., Common	3,185.00
50 shares Continental Can Co., Inc., Common	1,403.09
200 shares Continental Insurance Co.	7,397.50
45 shares E. I. du Pont de Nemours & Co., Common	6,971.36
100 shares Eastern Utilities Associates, Common	3,212.50
100 shares Engineers Public Service Co., \$5.50 Cum. Pfd.	9,020.00
200 shares General Electric Co., Common	9,387.50
30 shares Inland Steel Co.	2,326.44
90 shares International Nickel Co. of Canada, Ltd., Common	4,274.10
100 shares Kroger Grocery & Baking Co., Common	2,615.00
90 shares Monsanto Chemical Co., Common	6,189.23
50 shares Nebraska Power Co., 7% Cum. Pfd.	5,575.00
100 shares Phillips Petroleum Co.	4,114.50
100 shares Phoenix Insurance Co. of Hartford	8,217.50
50 shares Procter & Gamble Co., Common	1,831.33
99 shares Sears, Roebuck & Co.	9,157.01
45 shares Southern Indiana Gas & Electric Co., 4.8% Cum. Pfd.	4,567.50
100 shares Southern Pacific Co.	8,554.22
100 shares Standard Oil Co., of Indiana	2,450.00
200 shares Texas Corp.	5,555.01
100 shares U. S. Smelting, Refining & Mining Co., 7% Cum. Pfd.	6,733.89
100 shares Virginia Electric & Power Co., \$6 Cum. Pfd.	8,802.00

BONDS

\$5,000 Atlantic Coast Line R.R. Co. 1st 4s, 1952.	5,112.50
5,000 Baltimore & Ohio R.R. Co. 1st 5s, 1948	5,375.00
250 Beverly Yacht Club 5s, 1943	250.00
5,000 Canada Southern Ry. Co. 5s, 1962, Series A	5,714.00
1,000 Chicago Union Station Co. Gtd. 4s, 1944	1,070.10
5,000 Columbia Gas & Electric Corp. 5s, 1961	4,362.75
10,000 Lehigh Valley Terminal Ry. 5s, 1941	10,820.00
5,000 Niagara, Lockport & Ontario Power Co. 1st 5s, 1955	5,407.75
1,000 Oklahoma Natural Gas Co. 1st Ref. 5½s 1949, Series A	1,093.00
10,000 Puget Sound Power & Light Co. 1st Ref. 5½s, 1949, Series A	9,762.00
2,000 Salt River Project Agricultural Imp. & Power District 4¾s, 1949	2,029.85
9,000 Spring Brook Water Supply Co. 1st 5s, 1965	9,630.00
5,000 U. S. National Defense Savings Bonds Ser. G 2½s 1953	5,000.00
5,000 U. S. Treasury 2s, 1950/48	5,054.69
5,000 U. S. Treasury 4s, 1954/44	5,796.88

Federal Street Real Estate	47,500.00
State Street Real Estate	25,000.00
Cash, Second National Bank	7,392.26
Cash at Sharon	238.94
New Construction at Sharon	39,208.76

\$395,953.33

TRIAL BALANCE

November 30, 1941

Sarah J. Centro Fund	\$2,000.00
William Endicott Fund	13,753.79
Felton Fund	2,000.00
Clara G. Brooks Fund	3,000.00
Maria D. Lockwood Fund	6,402.23
Lovering Fund	4,051.50
Louis Agassiz Shaw Memorial Fund	19,556.67
Mary A. Richardson Fund	152,104.04
X-Ray Fund	5,965.00
Mary Lowell Stone Fund	6,440.35
Olivia Y. Bowditch Fund	15,000.00
Mary Frances Drown Fund	20,764.70
William T. Sedgwick Trust Fund	28,040.46
Mary K. Sedgwick Fund	1,000.00
Betsey T. Savage Fund	5,000.00
Frances A. Holmes Fund	6,156.40
Lidian E. Bridge Fund	500.00
Ida A. Mason Fund	5,000.00
Edith M. Poole Fund	200.00
Ellen V. Smith Fund	8,938.11
Edith E. Forbes Fund	1,000.00
Mary Hayward Cunningham Fund	17,882.51
George A. Bacon Fund	7,347.11
Ellen F. Mason Fund	5,000.00
Caroline D. Clements Fund	2,000.00
Harry K. White Fund	2,183.25
William G. Moseley Fund	2,574.00
George Green Cook Fund	6,086.68
Caroline A. Fox Fund	5,000.00
Edward B. Field Fund	500.00
Mary Bell Fraser Fund	200.00
Isaac S. Tolman Fund	22,415.04
Lucy Parsons Fund	400.00
Maria Valeria Pignetti Fund	11,000.00
Mary Louisa Goddard Fund	10,000.00
Mary P. Fowler Fund	1,000.00
J. C. Hurley Fund	1,000.00
Frederick H. Clark Fund	3,000.00
Clara H. Briggs Fund	3,000.00
	<hr/>
	\$408,644.07
Less — Special Reserve Fund Deficit	12,690.74
	<hr/>
	\$395,953.33
	<hr/>

Commonwealth of Massachusetts

BE It Known that whereas Alfred Bowditch, Nathaniel H. Stone, Alice M. Curtis, Olivia Y. Bowditch, Mary H. Denny, Vincent Y. Bowditch, Robert W. Lovett, L. Vernon Briggs and Reginald Gray have associated themselves with the intention of forming a corporation under the name of THE SHARON SANITARIUM, for the purpose of establishing and maintaining a hospital for the treatment of persons afflicted with incipient pulmonary disease, and have complied with the provisions of the Statutes of this Commonwealth in such case made and provided, as appears from the certificate of the President, Treasurer, and Directors of said corporation, duly approved by the Commissioner of Corporations, and recorded in this office:

Now, THEREFORE, I, WILLIAM M. OLIN, Secretary of the Commonwealth of Massachusetts, do hereby certify that said Alfred Bowditch, Nathaniel H. Stone, Alice M. Curtis, Olivia Y. Bowditch, Mary H. Denny, Vincent Y. Bowditch, Robert Lovett, L. Vernon Briggs and Reginald Gray, their associates and successors, are legally organized and established as and are hereby made an existing corporation under the name of

THE SHARON SANITARIUM

with the powers, rights and privileges, and subject to the limitations, duties and restrictions which by law appertain thereto.

WITNESS my official signature hereunto subscribed, and the seal of the Commonwealth of Massachusetts hereunto affixed, this twenty-seventh day of March, in the year of our Lord one thousand eight hundred and ninety-one.

[SEAL]

(Signed) WM. M. OLIN,
Secretary of the Commonwealth.

Commonwealth of Massachusetts

BE It Known that whereas THE SHARON SANITARIUM, a corporation organized under the laws of this Commonwealth, and subject to the provisions of chapter one hundred and twenty-five of the Revised Laws, has complied with the provisions of chapter one hundred and nine of the Revised Laws, as appears from the certified copy of the order of the Commissioner of Corporations, authorizing said corporation to change its name and adopt the name of THE SHARON SANATORIUM and the certificate of the President, Treasurer, and Directors of said corporation, duly filed in this office pursuant to the provisions of section ten of the aforesaid chapter one hundred and nine of the Revised Laws.

Now, THEREFORE, I, WILLIAM M. OLIN, Secretary of the Commonwealth of Massachusetts, do hereby certify that the name which said corporation shall bear is

THE SHARON SANATORIUM

which shall hereafter be its legal name.

WITNESS my official signature hereunto subscribed, and the Great Seal of the Commonwealth of Massachusetts hereunto affixed, this seventeenth day of May in the year of our Lord one thousand nine hundred and four.

[SEAL]

(Signed) WM. M. OLIN,
Secretary of the Commonwealth.

On June 16, 1938 a Certificate of Change of Purpose was filed with and approved by the Secretary of the Commonwealth of Massachusetts, by which the purpose for which the corporation was organized was changed to read as follows:

To establish and maintain one or more hospitals or sanatoria for any or all of the following purposes: The care and treatment of persons afflicted with incipient pulmonary disease; the care and treatment of children who are sick, crippled, undernourished or underprivileged; the care and treatment of sick and needy persons.

July 15, 1938

Commonwealth of Massachusetts
County of Suffolk, ss

A true copy.

Attest:

ROBERT G. LING, *Notary Public.*

My commission expires April 14, 1944.

BY-LAWS OF THE SHARON SANATORIUM

ARTICLE I.

The Corporation shall be composed of those persons signing the articles of association and of such persons as they or their successors shall elect to be members

ARTICLE II.

The annual meeting of the Corporation shall be held on the second Wednesday of December in each year at such time and place in the city of Boston as the President, or in default of appointment by him the Secretary may appoint, and notice of the said meeting shall be sent to the members at least seven days before the meeting.

Special meetings of the Corporation shall be called by the President or Secretary by three days' notice in writing.

Five members shall constitute a quorum at all meetings of the Corporation.

ARTICLE III.

The officers of the Corporation shall be a President, Secretary, Treasurer, and not less than four nor more than twelve directors at large, who shall serve for one year and until others shall be elected in their stead. The said officers shall constitute a Board of Directors, and shall have full power and authority to manage the affairs of the Corporation subject to such regulations and restrictions as the members at meetings of the Corporation may from time to time establish.

ARTICLE IV.

The Board of Directors shall have power to take any measures which they may deem expedient for encouraging subscriptions, donations, and bequests to the Corporation; to enter into and bind the Corporation by such compacts and engagements as they may deem advantageous; to appoint from time to time such agents or committees as they shall think proper to attend to the practical details of the working of the hospital or to oversee and superintend the same; to appoint or engage the physicians, surgeons, matrons, attendants, and servants employed in the hospital and define their duties; and this power they may delegate to any of the committees above referred to, if they shall see fit so to do.

The Board of Directors may fill all vacancies in the Board up to the limit in numbers authorized by these By-Laws.

Three members shall constitute a quorum at all meetings of the Directors.

There shall be meetings of the Directors quarterly, on the second Wednesday of March, June, September, and December. Special meetings of the Directors shall be called by the Secretary.

ARTICLE V.

The President shall preside at all meetings of the Corporation and Directors. In his absence a President *pro tempore* shall be chosen.

ARTICLE VI.

The Treasurer shall receive and have custody of all moneys, deeds and securities of the Corporation, which he shall keep and manage under the control of the Board of Directors or any committees of the Board. One or more Assistant Treasurers may be appointed by the Board of Directors to have such powers and duties as the Directors shall from time to time prescribe.

Neither the Treasurer or any Assistant Treasurer shall pay out moneys but by order of the Board of Directors or their committees.

ARTICLE VII.

The Secretary shall attend all meetings of the Corporation and Directors and keep a record of the proceedings of each meeting in a book kept for that purpose; she shall give notice of all meetings of the Corporation, as is provided in Article II, and of all meetings of the Directors.

ARTICLE VIII.

The property of this Corporation shall not be alienated nor shall any real estate be purchased except with the consent of a majority of all the Directors.

ARTICLE IX.

These By-Laws may be altered or amended at any meeting of the Corporation by a vote of two-thirds of the members present at such meeting.

Commonwealth of Massachusetts }
Suffolk, ss. }

January 17, 1921.

A true copy.

Attest:

HARRY L. PILKINGTON, *Notary Public.*

General Information

The Sharon Sanatorium

The Sharon Sanatorium formally opened February 9, 1891

Received its first patient February 16, 1891

Incorporated March, 1891

DR. VINCENT Y. BOWDITCH — Founder and Medical Director until
December, 1929

First President — ALFRED BOWDITCH

Second President — REGINALD GRAY

Third President — PROF. WILLIAM T. SEDGWICK

Fourth President — INGERSOLL BOWDITCH

Fifth President — MORTON P. PRINCE

First Treasurer — NATHANIEL H. STONE

Second Treasurer — RAYMOND EMERSON

First Secretary — MISS ALICE M. CURTIS

Second Secretary — MRS. CHARLES ALLEN PORTER

Location: In Sharon about five minutes from the station of the N. Y., N. H. & H. R.R. Sharon is about equally distant from Boston and Providence—19 miles from Boston.

The Grounds: The Sanatorium grounds cover 120 acres—the elevation and outlook are most desirable. Pure air is abundant.

Food: No pains nor expense are spared to provide the patients with the most nourishing diet.

